

DAVID ABRAHAM JOSEPH - 35167  
Name and Prisoner/Booking Number

Amador County Jail  
Place of Confinement

700 Court St. Amador County Jail  
Mailing Address

Jackson, CA 95642  
City, State, Zip Code

**FILED**

SEP 06 2022

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY [Signature]  
DEPUTY CLERK

(Failure to notify the Court of your change of address may result in dismissal of this action.)

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF CALIFORNIA**

DAVID ABRAHAM JOSEPH  
(Full Name of Plaintiff) Plaintiff,

v.

(1) MONIVIRIN SON  
(Full Name of Defendant)

(2) Amador County Sheriff Department

(3) \_\_\_\_\_

(4) \_\_\_\_\_

Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.

CASE NO. 2:22-CV-01558-CKD (PC)  
(To be supplied by the Clerk)

**CIVIL RIGHTS COMPLAINT  
BY A PRISONER**

- ☒ Original Complaint  
☐ First Amended Complaint  
☐ Second Amended Complaint

**A. JURISDICTION**

1. This Court has jurisdiction over this action pursuant to:

- ☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983  
☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).  
☐ Other: \_\_\_\_\_

2. Institution/city where violation occurred: Amador County Jail Jackson, CA 95642

### B. DEFENDANTS

1. Name of first Defendant: MONIVIRIN SON. The first Defendant is employed as:  
Facility health care provider physician at Amador County Jail.  
(Position and Title) (Institution)
2. Name of second Defendant: JEREMY MARTIN. The second Defendant is employed as:  
Corrections Captain at Amador County Jail.  
(Position and Title) (Institution)
3. Name of third Defendant: \_\_\_\_\_. The third Defendant is employed as:  
\_\_\_\_\_ at \_\_\_\_\_.  
(Position and Title) (Institution)
4. Name of fourth Defendant: \_\_\_\_\_. The fourth Defendant is employed as:  
\_\_\_\_\_ at \_\_\_\_\_.  
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

### C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? \_\_\_\_\_. Describe the previous lawsuits:
  - a. First prior lawsuit:
    1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
  - b. Second prior lawsuit:
    1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
  - c. Third prior lawsuit:
    1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

**D. CAUSE OF ACTION****CLAIM I**

1. State the constitutional or other federal civil right that was violated: 8<sup>th</sup> amendment - right to receive medical treatment without indifference

2. **Claim I.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Basic necessities             | <input type="checkbox"/> Mail             | <input type="checkbox"/> Access to the court  | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings      | <input type="checkbox"/> Property         | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation             |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____         |  |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

When I got to the Amador County Jail I had an active prescription for Suboxone. I told the medical staff During my health screening visit/questionnaire that I took suboxone and the health care staff informed me that they do not allow inmates to receive that type of medication nor do they provide a generic version. I told "Dr. Son" I needed my medication and he refused to allow me to take it. I informed him that while in active participation of a Hunger Strike his refusal to provide me my medication resulted in me relapsing on heroin and even graduate to using Fentanyl and asked him to help me by giving me my medication. Not only did the Doctor ignore my request for treatment/help but he refused to even see me. He then falsified a medical report by lying and saying his decision was based off a conversation we had prior and he quoted what he alleged I was said. However it was a complete lie I never said the things he claimed. I have an officer as a witness to this fact as well as documentation proving his report not possible. He then also mocked me by making harassing comments with intentions to belittle me and attack my mental health. I told him of all my rights he was violating and he said save it for my lawyers. I told him he was violating "Hippo" guidelines and he mocked me by saying "there's no Hippo's in here" and refused to speak with me. The Amador County Sheriff Department is guilty of allowing this to occur for approximately 120 days. I made them aware of all the violations committed against me and in detailed grievance reports which they failed to investigate or attempt to provide relief for an unreasonable

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

Both the actions and the inactions committed and not committed by the defendants resulted in my civil rights being violated as well as inflicted severe trauma to both my mental and physical health. The initial withdrawal symptoms caused severe physical pain and suffering.

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim I to the highest level? ☐ Yes ☒ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. I did not appeal to captain's level due to his negligence and abuse of the grievance process at this facility. Also because the lieutenant verbally informed me the captain was already aware.



**CLAIM II**

1. State the constitutional or other federal civil right that was violated: title 2 of the American's With Disabilities Act

2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Basic necessities             | <input type="checkbox"/> Mail             | <input type="checkbox"/> Access to the court  | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings      | <input type="checkbox"/> Property         | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation             |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____         |  |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

Supporting facts are same regarding claim II as in claim I  
Medical staff were the direct violators and the Sheriff Department contracts the medical staff and after Biery made aware of the medical staff's neglect, mistreatment, unprofessional conduct and prejudice actions, the Sheriff's Department failed to investigate the allegations against healthcare staff which enabled the violations to continue daily for a substantial amount of time. Also a review of the medication Biery administered to inmates will show that the "Dr. Son" has a biased, prejudice opinion regarding the type of treatment I was denied because the records will show he was not allowing a single inmate to receive treatment of this type. This is not the only time he has denied me treatment. During a previous incarceration at the Amador County Jail I was transferred to the Jail from State prison. In State prison I was receiving the Suboxone treatment. Upon transfer the State prison supplied the Amador county Jail transportation officers with a 30 Day supply of my medication on 9-28-21. Upon my arrival to the Amador county Jail I made the custody staff aware of my medication and was told I would not be allowed to receive my Suboxone while at their Jail because they don't allow inmates to receive that type of medication at their facility. I spoke with Dr. Son and he refused to allow it. I was denied my treatment from 9-28-21 until my release on 12-19-21.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

mental and physical trauma was inflicted for a substantial amount of time due to the defendant's actions both taken and not taken. I was denied treatment based on "Dr. Son" having a prejudice opinion regarding the specific medication I need.

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim II? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim II to the highest level? ☐ Yes ☒ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. Due to it being a medical issue custody staff abused that fact by recouping my grievances to the same health care provider committing the violations against me.

## CLAIM III

1. State the constitutional or other federal civil right that was violated: Medical Malpractice -  
Cruel and Unusual Punishment

2. Claim III. Identify the issue involved. Check **only one**. State additional issues in separate claims.

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Basic necessities             | <input type="checkbox"/> Mail             | <input type="checkbox"/> Access to the court  | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings      | <input type="checkbox"/> Property         | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation             |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____         |  |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

Dr. SON Bienty a licensed physician as well as a (MAT) program empowered physician was aware of the effects of abruptly discontinuing the specific prescribed medication which he denied me solely due to his Biased prejudiced opinion regarding incarcerated inmates medication of its related nature. He violated multiple HIPAA guidelines with extreme prejudice. I went through severe physical withdrawal's as well as mental anguish and daily discomfort due to my diagnosed substance abuse disorder Bienty untreated by the physician intentionally. His refusal to provide me with adequate health care is the direct cause responsible for the suffering I was forced to endure daily and is an example of one of the multiple instances of which my rights were violated. Then after 4 months of fighting to get my medication for fear of this lawsuit I finally started to receive it on roughly 7-8-22. On roughly 8-13-22 I asked him to adjust my dose of Suboxone. He laughed and said he doesn't adjust that medication. I wrote a grievance and received no help from custody staff. So on 8-18-22 I injected only half my medication and threw the other half away in the nurses office. Due to me doing that I was accused of trying to take it back to my cell. That same day Dr Son discontinued my Suboxone and I was put in an "ADSEG" cell with no accessible medical emergency button. All I got for withdrawal's was nasox and Diclofenac medication. I believe I had a seizure in my cell as well.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

Mental and physical anguish/trauma was inflicted by the abrupt discontinuation of my medication with no cell mate or emergency button one day I woke up on the floor with a severe headache and no memory how I got on the floor from my bunk

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim III? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim III to the highest level? ☐ Yes ☒ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. Some of the officers target inmates who attempt to utilize the grievance process so I am afraid to some degree the unofficial repercussions

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

### E. REQUEST FOR RELIEF


State the relief you are seeking:

I am seeking financial compensation for the mental and physical anguish, abuse, and suffering I was forced to endure unjustly. I am requesting for the amount of four million five hundred thousand U.S. dollars as well as any and all attorney fees and court costs/fees as well be paid for by the Defendant's. Also a contributing factor regarding my request for financial compensation is my 8th Amendment was violated as well as title 2 of the Americans with Disabilities Act, as well as the cruel and unusual punishment I was forced to receive.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 31, 2022  
DATE

  
SIGNATURE OF PLAINTIFF

ANGELO J FLORES   
(Name and title of paralegal, legal assistant, or  
other person who helped prepare this complaint)

\_\_\_\_\_  
(Signature of attorney, if any)

\_\_\_\_\_  
(Attorney's address & telephone number)

### ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.